

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019636  
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5123

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY Hosp. 10 DAYS</u>		Length of stay in lb <u>23</u>		d. STREET ADDRESS <u>716 GEYER</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SISTER MARY EDWIN DOUGLAS S.S.N.D.</u>		4. DATE OF DEATH Month Day Year <u>MAY 13 1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 23 1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SISTER NOTRE DAME</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWARD DOUGLAS</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA WHYS</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>SISTER FRANCIS XAVIER</u>		Address <u>716 GEYER</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest;</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Anesthetic Agent;</u> DUE TO (c) <u>211X</u>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. HOW INJURY OCCURRED (If occurring in operation) <u>While undergoing operation for palp of pericardium May 13</u>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>1130 a.m. 5 1958</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, hotel, etc.) <u>16 Hospital</u>			
20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>St Louis Mo</u>					
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>1130 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Arthur J Taylor</u>		22b. ADDRESS <u>1300 Elm St</u>		22c. DATE SIGNED <u>5/15/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>MAY 16 1958</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>MOTHERHOUSE CEM.</u>	
23d. LOCATION (City, town, or county) <u>LEMAY (23) Mo</u>		23e. STATE			
24. FUNERAL DIRECTOR <u>Thomas Kutia 2906 Travis</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 15 58</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(80)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Leif Biddle* .....

Licensed Embalmer No. *3989*  
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.